Please fill this out to the best of your ability. We're collecting data to better serve the University community.

Required answers: 0   *Allowed answers: 0*

Q1 Form of communication:

Phone*[Code = 1]*

In-person*[Code = 2]*

E-mail*[Code = 3]*

Other (please specify)*[Code = 4] [Textbox]*

Required answers: 0   *Allowed answers: 1*

Q2 University affiliation: (Check all that apply)

Prospective student*[Code = 1]*

Student*[Code = 2]*

Staff*[Code = 3]*

Faculty*[Code = 4]*

Parent of a student/prospective student*[Code = 5]*

Community member/organization*[Code = 6]*

Other (please specify)*[Code = 7] [Textbox]*

Required answers: 0   *Allowed answers: 7*

Q3 Referred by: (Check all that apply)

Professor*[Code = 1]*

Friend*[Code = 2]*

Campus office (please specify)*[Code = 3] [Textbox]*

Community organization (please specify)*[Code = 4] [Textbox]*

Other (please specify)*[Code = 5] [Textbox]*

Required answers: 0   *Allowed answers: 5*

Q4 Issue/concern: (Check all that apply)

Financial assistance/scholarships*[Code = 1]*

Counseling*[Code = 2]*

Programming*[Code = 3]*

Other (please specify)*[Code = 4] [Textbox]*

Required answers: 0   *Allowed answers: 4*

Assistance Provided/Referred to: (Check all that apply)

Required answers: 0   *Allowed answers: 0*

Q5 I was able to provide what the person needed in our interaction. (If so, leave the remaining questions blank.)

Yes*[Code = 1]*

No*[Code = 2]*

Required answers: 0   *Allowed answers: 1*

Q6 In-office referral: (Please specify to whom)

Director*[Code = 1]*

Associate director/Development officer*[Code = 2]*

Administrative assistant*[Code = 3]*	
Program coordinator*[Code = 4]*	
Violence Against Women Coordinator*[Code = 5]*	
Counseling coordinator*[Code = 6]*	
Training coordinator*[Code = 7]*	
Practicum counselors*[Code = 8]*	
Student staff*[Code = 9]*	
	Required answers: 0 *Allowed answers: 9*

Q7 Campus office referral: (Please specify)

UCC*[Code = 1]*	
Financial Aid Office*[Code = 2]*	
University College/Advising*[Code = 3]*	
Dean of Students Office*[Code = 4]*	
Other (please specify)*[Code = 5] [Textbox]*	
	Required answers: 0 *Allowed answers: 5*

Q8 Community organization referral: (Please specify)

[Code = 1] [Textbox]	
	Required answers: 0 *Allowed answers: 1*

Q9 Other referral: (Please specify)

[Code = 1] [Textbox]	
	Required answers: 0 *Allowed answers: 1*

Q10 Please expand on assistance provided:

[Code = 1] [Textbox]	
	Required answers: 0 *Allowed answers: 1*

Q11 Additional comments:

[Code = 1] [Textbox]	
	Required answers: 0 *Allowed answers: 1*
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